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Debtor 1	Nicole	D	Reynolds	
	First Name	Middle Name	LastName	
Debtor 2				
(Spause, if fill	ng) First Name	Middle Name	Last Name	
United State	s Bankruptcy Court fo	r the: District of New Jer	rsey	
	r 20-14450 JN			

☑ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below		
•	ne who is NOT an attorney to help yo	ou fill out bankruptcy forms?
No Yes Name of person	Nicole D. Reynolds	Attach Bankruptcy Petition Freparer's Notice, Declaration, and Signature (Official Form 119).
	that I have read the summary and sci	hedules filed with this declaration and
t they are true and correct.		
s/	× /s/	
gnature of Deblor 1	Signature of Debt 5/20/20	
ate 05/201/2020	Date	YYYY

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200 300		Documen	ι Page⊿	- 01 0	
Filli	n this information to identify your ca	ise:		Hacian Da	
Debt	or 1 Nicole D Reynolds		TO THE PARTY		Y
Dobi	First Name	Middle Name	Last Name		
Debt	or 2				
(Spour	se if, filing) First Name	Middle Name	Last Name		
Unite	ed States Bankruptcy Court for the:	DISTRICT OF NEW JERSI	EY		
Case	number 20-14450				
(if kno	[발음: 122 H2 H2 H2 H2				Check if this is an
11.					amended filing
A Company of the Local	cial Form 106E/F	224 024			95785
	edule E/F: Creditors Who complete and accurate as possible. Use				12/15
Sched left, At name	ule G: Executory Contracts and Unexpire ule D: Creditors Who Have Claims Secur tach the Continuation Page to this page. and case number (if known).	ed by Property. If more space If you have no information to	e is needed, copy	the Part you need, fill it out,	number the entries in the boxes on the
1. D	o any creditors have priority unsecured of	claims against you?			
E	No. Go to Part 2.				
С	Yes.				
-					
Part					
3. D	o any creditors have nonpriority unsecur	ed claims against you?			
100	요				
Е	No. You have nothing to report in this part	Submit this form to the court of	with your other sch	edules.	
- 142	I No. You have nothing to report in this part ✓ Yes.	. Submit this form to the court v	vith your other sch	edules.	
4. Li	Yes. ist all of your nonpriority unsecured claim nsecured claim, list the creditor separately for an one creditor holds a particular claim, list i	ns in the alphabetical order o	of the creditor who	o holds each claim. If a credito	ims already included in Part 1. If more
4. Li	Yes. Ist all of your nonpriority unsecured claim recured claim, list the creditor separately for	ns in the alphabetical order o	of the creditor who	o holds each claim. If a credito	ims already included in Part 1. If more
4. Li	Yes. ist all of your nonpriority unsecured claim secured claim, list the creditor separately for an one creditor holds a particular claim, list and 2. South Jersey Gas	ns in the alphabetical order o or each claim. For each claim lis the other creditors in Part 3.If y	of the creditor who	o holds each claim. If a credito	ims already included in Part 1. If more aims fill out the Continuation Page of
4. Li ur th Pa	Yes. ist all of your nonpriority unsecured claim necured claim, list the creditor separately for an one creditor holds a particular claim, list and 2. South Jersey Gas Nonpriority Creditor's Name	ns in the alphabetical order o or each claim. For each claim lis the other creditors in Part 3.If y Last 4 digits of	of the creditor who sted, identify what ou have more than account number	o holds each claim. If a credite type of claim it is. Do not list cla three nonpriority unsecured cl	ims already included in Part 1. If more aims fill out the Continuation Page of Total claim
4. Li ur th Pa	Yes. ist all of your nonpriority unsecured claim secured claim, list the creditor separately for an one creditor holds a particular claim, list and 2. South Jersey Gas	ns in the alphabetical order o or each claim. For each claim lis the other creditors in Part 3.If y	of the creditor who sted, identify what ou have more than account number	o holds each claim. If a credite type of claim it is. Do not list cla three nonpriority unsecured cl	ims already included in Part 1. If more aims fill out the Continuation Page of Total claim
4. Li ur th Pa	Yes. ist all of your nonpriority unsecured claim necured claim, list the creditor separately for an one creditor holds a particular claim, list that 2. South Jersey Gas Nonpriority Creditor's Name PO Box 6091 Bellmawr, NJ 08099 Number Street City State Zip Code	ns in the alphabetical order o or each claim. For each claim lis the other creditors in Part 3.If y Last 4 digits of a When was the d	of the creditor who sted, identify what ou have more than account number lebt incurred?	o holds each claim. If a credite type of claim it is. Do not list cla three nonpriority unsecured cl	ims already included in Part 1. If more aims fill out the Continuation Page of Total claim
4. Li ur th Pa	I Yes. ist all of your nonpriority unsecured claim secured claim, list the creditor separately for an one creditor holds a particular claim, list fart 2. South Jersey Gas Nonpriority Creditor's Name PO Box 6091 Bellmawr, NJ 08099 Number Street City State Zip Code Who incurred the debt? Check one.	ns in the alphabetical order of each claim. For each claim list the other creditors in Part 3.If y Last 4 digits of the was the d As of the date years.	of the creditor who sted, identify what ou have more than account number lebt incurred?	o holds each claim. If a credite type of claim it is. Do not list cla three nonpriority unsecured cla 9416	ims already included in Part 1. If more aims fill out the Continuation Page of Total claim
4. Li ur th Pa	Yes. ist all of your nonpriority unsecured claim secured claim, list the creditor separately for an one creditor holds a particular claim, list art 2. South Jersey Gas Nonpriority Creditor's Name PO Box 6091 Bellmawr, NJ 08099 Number Street City State Zip Code Who incurred the debt? Check one.	ns in the alphabetical order of each claim. For each claim list the other creditors in Part 3.If y Last 4 digits of the was the d As of the date y	of the creditor who sted, identify what ou have more than account number lebt incurred?	o holds each claim. If a credite type of claim it is. Do not list cla three nonpriority unsecured cla 9416	ims already included in Part 1. If more aims fill out the Continuation Page of Total claim
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4. Li ur th Pa	Yes. ist all of your nonpriority unsecured claim secured claim, list the creditor separately for an one creditor holds a particular claim, list art 2. South Jersey Gas Nonpriority Creditor's Name PO Box 6091 Bellmawr, NJ 08099 Number Street City State Zip Code Who incurred the debt? Check one.	ns in the alphabetical order of each claim. For each claim list the other creditors in Part 3.If y Last 4 digits of the was the d As of the date your contingent Unliquidated Disputed	of the creditor whisted, identify what ou have more than account number lebt incurred?	p holds each claim. If a credito type of claim it is. Do not list cla three nonpriority unsecured cla 9416	ims already included in Part 1. If more aims fill out the Continuation Page of Total claim
4. Li ur th Pa	ist all of your nonpriority unsecured claim secured claim, list the creditor separately for an one creditor holds a particular claim, list and 2. South Jersey Gas Nonpriority Creditor's Name PO Box 6091 Bellmawr, NJ 08099 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only	Last 4 digits of When was the date you Contingent Contingent Unliquidated or Union in the digits of Nonperior	of the creditor who sted, identify what ou have more than account number lebt incurred? ou file, the claim	p holds each claim. If a credito type of claim it is. Do not list cla three nonpriority unsecured cla 9416	ims already included in Part 1. If more aims fill out the Continuation Page of Total claim
4. Li ur th Pa	ist all of your nonpriority unsecured claim secured claim, list the creditor separately for an one creditor holds a particular claim, list fart 2. South Jersey Gas Nonpriority Creditor's Name PO Box 6091 Bellmawr, NJ 08099 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a communication.	Last 4 digits of the other creditors in Part 3.lf y Last 4 digits of the was the d As of the date y Contingent Unliquidated Type of NONPRI	of the creditor who sted, identify what ou have more than account number lebt incurred? ou file, the claim	p holds each claim. If a creditorype of claim it is. Do not list claim three nonpriority unsecured claim. 9416 s: Check all that apply	ims already included in Part 1. If more aims fill out the Continuation Page of Total claim \$1,352.96
4. Li ur th Pa	ist all of your nonpriority unsecured claim secured claim, list the creditor separately for an one creditor holds a particular claim, list fart 2. South Jersey Gas Nonpriority Creditor's Name PO Box 6091 Bellmawr, NJ 08099 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another	Last 4 digits of When was the date you Contingent Contingent Unliquidated Type of NONPRI Student loans Obligations ar	of the creditor who sted, identify what ou have more than account number lebt incurred? ou file, the claim	p holds each claim. If a credito type of claim it is. Do not list cla three nonpriority unsecured cla 9416	ims already included in Part 1. If more aims fill out the Continuation Page of Total claim \$1,352.96
4. Li ur th Pa	ist all of your nonpriority unsecured claim secured claim, list the creditor separately for an one creditor holds a particular claim, list fart 2. South Jersey Gas Nonpriority Creditor's Name PO Box 6091 Bellmawr, NJ 08099 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and anothe Check if this claim is for a communication.	Last 4 digits of When was the date your Contingent Contingent Unliquidated Type of NONPRI Student loans of Copper as priority Obligations ar report as priority	of the creditor who sted, identify what ou have more than account number lebt incurred? ou file, the claim IORITY unsecured rising out of a sepa	b holds each claim. If a creditorype of claim it is. Do not list claim three nonpriority unsecured claim. 9416 s: Check all that apply d claim:	ims already included in Part 1. If more aims fill out the Continuation Page of Total claim \$1,352.96
4. Li ur th Pa	ist all of your nonpriority unsecured claim issecured claim, list the creditor separately for an one creditor holds a particular claim, list fart 2. South Jersey Gas Nonpriority Creditor's Name PO Box 6091 Bellmawr, NJ 08099 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and anothed the claim subject to offset?	Last 4 digits of When was the date your Contingent Contingent Unliquidated Type of NONPRI Student loans of Copper as priority Obligations ar report as priority	of the creditor who sted, identify what ou have more than account number lebt incurred? ou file, the claim lockity unsecured; rising out of a sepa claims	p holds each claim. If a creditorype of claim it is. Do not list claim three nonpriority unsecured claim. 9416 s: Check all that apply	ims already included in Part 1. If more aims fill out the Continuation Page of Total claim \$1,352.96

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total Claim

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ebtor 1 Nic	ole D	Reynolds	Case n	umber (diknown)	20-14450
	ба,	Domestic support obligations	6a.	3	0.00
otai aims					
m Part 1	ōb,	Taxes and certain other debts you owe the government	6b.	S	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	S	0,00
	6d	Other. Add all other priority unsecured claims, Write that amount here.	űd.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
	57,023	1988/00/07/07/05/05/07/05/05/07/05/05/07/05/05/07/05/05/07/05/05/07/05/05/07/05/05/07/05/05/07/05/05/05/05/05/05/05/05/05/05/05/05/05/		Total	Claim
	6f,	Student loans	6f.	S	0.00
5					
Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	S	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	S	0.00
	61.	Other, Add all other nonpriority unsecured claims. Write that amount here.	61,	\$	1,352.96
	6j.	Total Nonpriority. Add lines 6f through 6i.	6i	s	1,352.96

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Fill in this infor	mation to identify your	case:		
Debtor 1	Nicole D Reynold	s		
	First Name	Middle Name	Läst Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Nama	
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JER	RSEY	
Case number (if known)	20-14450			

	Check if this is an
-	amended filing

Official Form 1065um

-	immary of Your Assets and Liabilities and Certain Statistical Information		12/15
Be info	as complete and accurate as possible. If two married people are filing together, both are equally responsible formation. Fill out all of your schedules first; then complete the information on this form. If you are filing amend or original forms, you must fill out a new Summary and check the box at the top of this page.	or supplyi led schedi	ing correct
Pa	rt 1: Summarize Your Assets		
		100000000000000000000000000000000000000	assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	s	150,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	30,873.57
	1c. Copy line 63, Total of all property on Schedule A/B	\$	180,873.57
Pa	12: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	146,542.36
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	6,671.82
	Your total liabilities	\$	153,214.18
Pa	Summarize Your Income and Expenses		
4.	Schedule I; Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I.	\$	4,079.80
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	3,702.27
Par	Answer These Questions for Administrative and Statistical Records		
6.	Are you filling for bankruptcy under Chapters 7, 11, or 13?	and the second second	
	No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ir other sci	nedules,
7.	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal	, family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this the court with your other schedules.	box and s	ubmit this form to
Offi	cial Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information	4	nace 1 of 2

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Debtor 1	Nicole I	Reynolds
Sec. 0.00 COX 1-1.	INICOIG I	reynolus

Case number (if known) 20-14450

8.	From the Statement of Your Current Monthly Income: Copy your lotal current monthly income from Official Form		
	122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	S	4,242.11

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F;

From Part 4 on Schedule E/F, copy the following:	Total clair	m
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	S	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims, (Copy line 6g.)	\$	0.00
9f, Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00